

# *The Caroline County Health Department*

*A State Agency Serving the People of Caroline County*

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## **Invitation to Bid**

Non-Emergency, Ambulatory, Transportation Services  
(Non-regular, As needed)



*A State Agency Serving the People of Caroline County*

**Attilio J. Zarrella, Th.D.**  
**Deputy Health Officer**

**November 14, 2016**

## INVITATION TO BID

The Caroline County Health Department (CCHD), a local division of the Maryland State Department of Health and Mental Hygiene (DHMH), is soliciting bids for:

The as needed, non-regular, transportation of non-emergency, ambulatory, individuals, *as identified by the CCHD Medical Assistance Transportation Program (MAT)*, to and from their local medical appointment(s).

### Scope of Work

The vendor is expected to:

- Provide transportation to CCHD/MAT identified clients to and from the client's medical appointment
- Arrive at the client's place of pick up at least 30 minutes before the scheduled appointment or as prearranged by the client or MAT staff
- Wait at the client's place of pick up for at least 5 minutes
- Call the MAT Office for further instruction should the client not appear/acknowledge the presence of the vehicle within that 5 minute period of time
- Transport to & drop off the client at the place of the medical appointment (as verified by MAT staff)
- Pick-up the client within 30 minutes of the end of their scheduled appointment (as verified by MAT staff)
- Transport the client directly back to the place of pick up
- All interactions with the client are to be professional and courteous in nature at all times
- Keep a confidential log of all MAT transports assigned, attempted, and completed
- Submit an original Invoice to the MAT Office no later than 10 days into the new month for services rendered in the previous month

### Additional qualifiers:

- The vendor will provide any and all documentation as requested by the CCHD/MAT staff to prove current insurance/covered limits, MD State registration, and any other related certifications necessary to work in and operate your company, legally, within the State of Maryland.
- Copies of the vendor's CCHD MAT transportation log/record will be required monthly.

### Scope and Times of Transportation

Use of the vendor for transportation will be only in the event that the MAT program is unable to complete the transport with our own current staff & equipment for whatever reason.

The CCHD MAT program normally provides transportation between the hours of 6:00am to 6:00pm Monday through Friday and select/limited hours on Saturdays and holidays for a small percentage of our clients.

The CCHD/MAT staff will rely on the vendor to provide transportation services locally, and as a last resort, by request of the MAT Staff, to areas within the mid-shore: most typically to Caroline, Queen Anne's, and Talbot Counties. If special transports need to be made outside of this area, MAT staff will negotiate the specifics with the vendor.

### Review of resources

All interested Vendors are required to allow a review of their transportation resources (vehicles) by MAT staff to assure proper safety standards and certifications are met.

The Project Manager for this Bid is: Dr. Attilio J. Zarrella  
Caroline Co. Health Dept.  
403 South 7<sup>th</sup> Street  
Denton, MD 21629  
410-479-8035

**MAIL/HAND DELIVERY**

**An original hard copy response to this Invitation can be mailed/hand delivered to:**

The Caroline County Health Department  
406 South 7<sup>th</sup> Street  
Denton, MD 21629

Attn: Attilio J. Zarrella: Procurement CCHD-MAT Vendor

**Bids must be postmarked/received no later than: November 30, 2016 at the address as listed above AND include a completed original BID PAGE as is included in this invitation.** A detailed breakdown of the Bid page elements may be added as an attachment.

**Late bids will be rejected** and returned to the bidder at the bidder's address as noted on the enclosed paperwork/last known address.

**Contractors Ability:** The CCHD may undertake such investigations or inquiries as it deems necessary to determine eligibility (State Exclusions) and ability of the bidder to perform the work as outlined in their RFP. The bidder shall furnish the CCHD with all requested information and data for this purpose.

**Payment Terms:**

- Payment will only be made following the receipt of an official ORIGINAL paper Invoice from the bidder who was awarded the contract for services.
- The CCHD is a State of Maryland organization and submits all bills for payment to a central finance office.
- All viable Invoices will be processed locally and sent to central processing for a 30 day payment goal.
- All questionable Invoices will be returned to the vendor immediately for correction/modification.

CCHD must receive an ORIGINAL Invoice for processing; therefore, it may only be hand delivered, or mailed, to:

The Caroline County Health Department  
406 South 7<sup>th</sup> Street  
Denton, MD 21629

**Attn: MA Transportation (Invoices)**

**Invoice Instructions:**

The *Invoice* **MUST** include the following basic elements (*Other information may be requested as needed*):

- Date of Invoice & Invoice Number
- Federal Tax ID Number
- Business name and billing address
- Client's First and Last Names
- Dates of billable service delivery
- Total Amount due for billable period
- Contact Name & Telephone number

**Budget Funding:** A Contract made as a result of this bid will be subject to the availability of appropriated funds. If the funds are not appropriated then the Contract will be terminated.

**Immigration Law Compliance:** By submitting and signing a proposal, each bidder hereby certifies that it does not, and if awarded the contract, will not during the performance of the contract, employ illegal workers or otherwise violate any provision of any applicable Federal, State, or Local law concerning the employment of illegal workers, the certification of nationality of worker, or otherwise.

**Non discrimination Policy:** The State of Maryland requires that all vendors in contract with any agent of affiliate of the State comply to, practice, and agree to the following policy in regards to non-discrimination practices among the vendor's employees:

DHMH prohibits discrimination in the delivery of services on the basis of race, sex, age, color, national origin, ancestry, creed, religion or belief, marital status, sexual orientation, gender identity and expression, genetic testing, and mental and/or physical disability. See DHMH service-nondiscrimination policy 01.02.01 which can be found at <http://dhmh.maryland.gov/Pages/op02.aspx>.

#### **Insurance**

Vendors who are awarded this contract will be required to submit a copy of their "Certificate of Insurance" indicating it carries the appropriate insurance coverage.

#### **State of Maryland Claims/Torts**

The parties acknowledge that the State, DHMH, Carroll County Health Department ("CCHD"), and their units, offices, agencies, and instrumentalities and their officers, principals, agents, servants, employees, personnel, successors and assigns (jointly and severally referred to hereinafter as "the State") retain and do not waive any privileges, immunities, or defenses, including without limitation public official, sovereign, and/or governmental immunity retained at common law and/or subject to the limited waiver thereof pursuant to SG § 12-101, et seq., (Maryland Tort Claims Act, or "MTCA"), COMAR §25.02.02, and SG § 12-201, et seq., (Actions in Contract). Pursuant to the MTCA, the State Officers and employees of the CCHD, and any State personnel who act without malice and gross negligence and within the scope of their State employment or other public duties are personally immune from suit and liability in courts of the State for torts committed in the course of providing CCHD services pursuant to the Agreement. The parties acknowledge that a local government and its units and employees enjoy the limitations on, and immunities from, liability for tortuous acts or omissions set forth at Md. Code Ann. Cts & Jud. Proc. Art. § 5-301, et seq., (Local Government Tort Claims Act) as well as common law and statutory public official immunity.

Pursuant to SFP § 9-101, et seq. (State Insurance Program or "SIP"), funds are appropriated by the Maryland General Assembly and administered by the State Treasurer to pay limited claims against the State, pursuant to the MTCA's limited waiver of sovereign immunity. Pursuant to SG §§ 12-401(Payment of Settlements and Judgments -- Definition of State Personnel), et seq., the Parties acknowledge that, subject to certain exceptions and limitations, the Board of Public Works ("BPW") is authorized to pay wholly or partly a settlement or judgment against any State Personnel, including employees of the CCHD, if any, who act without malice or gross negligence, and within the scope of their public duties and responsibilities, to discharge part of the purpose and sovereignty of the State in connection with this Agreement. In addition to the self-insurance coverage of the State provided pursuant to SFP §§ 9-101, et seq., and SG §§ 12-401, et seq., THE STATE may have or obtain such professional or other liability insurance coverage as THE STATE deems necessary and desirable, and for which funds have been appropriated by the General Assembly expressly for the payments of premiums thereon, but THE STATE shall have no further obligation, except as may be required by law, to purchase any policies of insurance.

**Basis of Award**

- A. Lowest price from a qualified bidder as indicated by the total price on the *Bid Form* (5pts)
- B. Local Business consideration (in-county) (4pts)
- C. Number of available and ready driver-vehicle pairs (1pt for each pair) as verified through MAT staff site visit.
- C. Completeness of Bid response as defined within this Invitation (1pts)

*The contract will be awarded to the vendor who accumulates the most point values as defined above.*

**Reservations**

The Caroline County Health Department reserves the right to reject any and all bids.

The Caroline County Health Department also reserves the right to “show preference to local bidders” as defined in the *Caroline County Purchasing Law §51-10* as allowed through the *State Finance and Procurement Article, §12-109, Annotated Code of Maryland*.

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**BID PAGE FOLLOWS**

## BID PAGE

### Bidding Instructions:

Please detail, legibly, your trip calculations.

If your bid is not detailed, legible, and clearly understood, it will be disqualified.

**TOTAL BID PRICE.....\$ \_\_\_\_\_ (OFFICIAL BID AMOUNT)**  
***Identify and include any and ALL costs associated with a pick up/drop off and "No Shows."***

### Statement of Bid & Affidavit of Qualification:

The amount as reflected on the "Total Bid Price" line is the all-inclusive amount officially submitted for the completion of the projects as checked off in the boxes in lines 1 – 3 above. There are no additional fees or charges.

I also affirm that I am the (Title) \_\_\_\_\_, and the duly authorized

Representative of (company) \_\_\_\_\_, whose address is

\_\_\_\_\_, and that I possess

the legal authority to make this Affidavit and submission of Bid on behalf of the company for which I am acting.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**+++++ This concludes the Invitation to Bid Announcement +++++**